

Report of Change in Information for Approved Schools

Schools that have been approved by California Department of Health Services to teach radiologic technologists or limited permit X-ray technicians are required to notify the Department within 30 days after any change in facility locations or phone numbers, course offerings, program directors, faculty, or affiliation agreements.

Name of School**Program Type****RHB School ID**

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☐ **There has been a change in facility location or telephone number.**

Old Facility Location

New Facility Location

Street Address		Street Address	
Mailing Address		Mailing Address	
City, State, ZIP		City, State, ZIP	
Telephone Number	FAX Number	Telephone Number	FAX Number
E-Mail Address		E-Mail Address	

☐ **There has been a change in course offerings or curricula.**

Courses Dropped

Courses Added

☐ **There has been a change of program director. (Attach C.V. and California Certificates)**

Name of Previous Director

Name of New Director

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☐ **There has been a change in faculty.**

Names and Titles of Previous Faculty Members

Names and Titles of New Faculty Members

☐ **There has been a change in clinical affiliations.**

Names and Addresses of Discontinued Affiliations

Names and Addresses of New Affiliations

I certify that all information provided with this report is true and correct.

Name and Title (print or type)	Telephone Number
Signature	Date